Clinical Images and Case Reports Journal

Clinical Image | Vol 6 Iss 11

Hemophagocytic Lymphohistiocytosis Secondary to Refractory DLBCL

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Received: October 10, 2024; **Accepted:** October 24, 2024; **Published:** November 15, 2024

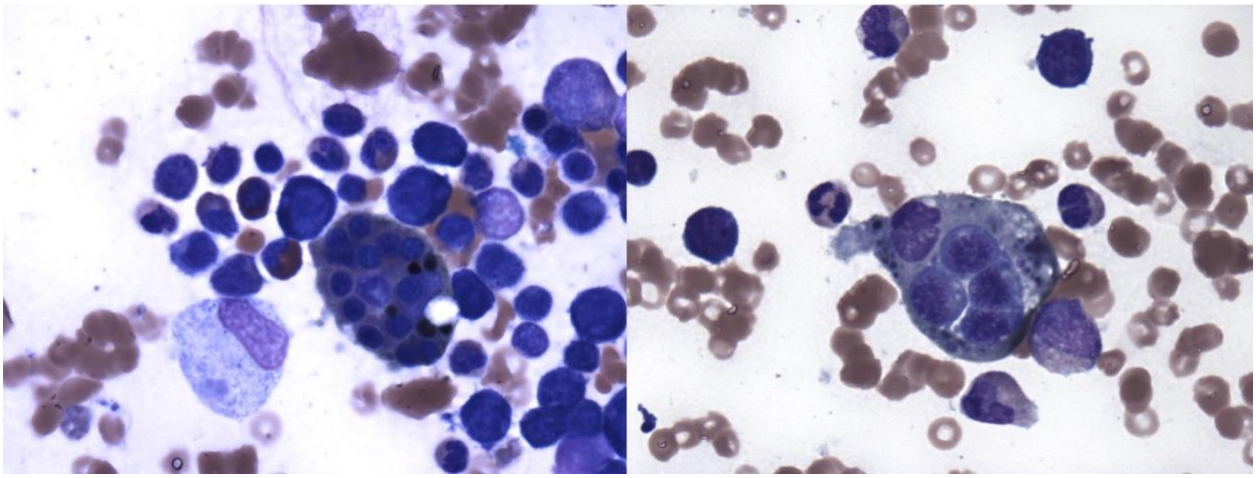

Figure: Blood smear of patient exhibiting Hemophagocytic Lymphohistiocytosis (HLH) secondary to refractory Diffuse Large B-Cell Lymphoma (DLBCL).

Clinical Image

A 46 years old African-American male with a refractory large-B cell lymphoma presented with fever and neutropenia. An extensive infectious disease workup failed to determine an etiology for the fever, which persisted despite antimicrobial therapy escalation. Workup for a suspected hemophagocytic lymphohistiocytosis (HLH) was initiated, in which the patient met six out of nine criteria (five required): Fever, neutropenia, elevated soluble CD25, triglyceride, and ferritin, hemophagocytosis in the bone marrow (Figure), normal spleen, normal NK function, and undetermined CXCL9 level (last three representing unmet criteria) [1]. Hence the diagnosis of a lymphoma-triggered HLH. Treatment with dexamethasone and a salvage chemo-regimen of rituximab, ifosfamide, carboplatin, and etoposide (R-ICE), resulted in a lymph node response, fever resolution, and HLH criteria improvement. HLH is an aggressive and potentially fatal syndrome of excessive immune activation [2]. Familial or sporadic cases are triggered mostly by infection and malignancy [2]. Prompt diagnosis and treatment is critical to prevent death.

REFERENCES

1. Henter JI. HLH-2004: Diagnostic and therapeutic guidelines for hemophagocytic lymphohistiocytosis. Pediatr Blood Cancer. 2007; 48: 124-131.
2. La Rosee. Recommendations for the management of hemophagocytic lymphohistiocytosis in adults. Blood. 2019; 133: 2465-2477.